

# Pre-Entry Checklist

## Lafayette College - Confined Space Entry Program

*This checklist must be used prior to entering any confined space to determine whether a confined space permit is required.*

<b>Date:</b>	<b>Time:</b>	<b>Location:</b>
<b>Purpose of Entry:</b>		
<b>Description of Work:</b>		

### Surrounding Area Evaluation

Questions	Yes	No
Did your evaluation of the surrounding area show it to be free of hazards such as drifting vapors from tanks, vehicles, motors, piping, or sewers?		
Does your knowledge of industrial or other discharges indicate this area is likely to remain free of dangerous air contaminants while occupied?		
Have you been trained in the operation of the gas monitor being used?		
Has the gas monitor been calibrated according to the manufacturer's requirements (within the last year)?		

### Atmospheric Monitoring

(record initial monitoring results prior to entry)

Time	Initial Reading	Acceptable Yes	Acceptable No
<b>Oxygen</b> (Acceptable: 19.5% - 23.5%)			
<b>LEL</b> (Acceptable <10%)			
<b>CO</b> (Acceptable <35 ppm)			
<b>H<sub>2</sub>S</b> (Acceptable <10 ppm)			

### Confined Space Work Evaluation (complete prior to entry)

Questions	N/A	True	False
Atmospheric conditions are within acceptable limits of the above hazards.			
The atmosphere will be continuously monitored while the space is occupied.			
Organic solvents will not be used in the work procedure.			
Open flame torches will not be used in the work procedure.			
Entrants will not be exposed to the seepage of gas.			
The work being performed in the confined space will not create a hazardous atmosphere or condition.			
All hazards have been isolated (electrical, piping, mechanical, duct work, hydraulic, pneumatic).			
A hot work permit is not necessary.			
The entrant has a two-way radio.			
The authorized entrant has been instructed on rescue/emergency procedures.			

If any part of this checklist is left blank, answered **no or false**, or there is reason to believe that the conditions may change adversely, **do not enter** and contact your supervisor for further instruction.

If all questions are answered yes or true and there is reason to believe conditions may not change adversely, sign below, maintain this checklist at the job site and enter the confined space.

\_\_\_\_\_  
Signature of Individual Authorizing Entry

\_\_\_\_\_  
Date

**Post completed form at the job site. Form is valid for only one work shift. Return to your Supervisor following job completion.**

**EMERGENCY PROCEDURES: Do not enter the space. Contact Public Safety by two-way radio or call 610-330-4444.**